

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082682

1. Entity Name

PROFESSIONAL CREATIVE CONTRACTING, INC.

Principal Place of Business

Mailing Address

768 FORDER CROSSING CT.  
ST. LOUIS MO 63129

768 FORDER CROSSING CT.  
ST. LOUIS MO 63129-2500

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 43-1830538

Applied For  
Not Applied

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUFFIER, WILLIAM E  
108 E. CENTRAL BLVD.  
ORLANDO FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)



**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE DPT  
NAME MOENNING, JIM  
STREET ADDRESS 768 FORDER CROSSING CT.  
CITY-ST-ZIP ST. LOUIS MO 63129

☐ Delete

TITLE VPS  
NAME HOWLEY, JOHN  
STREET ADDRESS 768 FORDER CROSSING CT.  
CITY-ST-ZIP ST. LOUIS MO 63129

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

314-351-9800

FILED  
Feb 08, 2000 8:00 am  
Secretary of State

02-08-2000 90148 035 \*\*\*158.75



DO NOT WRITE IN THIS SPACE